EXHIBIT D

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AO 440 (Rev. 8/01) Summons in a Civil Action	
F	RETURN OF SERVICE
Service of the Summons and complaint was made by me ⁽¹⁾	DATE 6/21/2007
IAME OF SERVER (PRINT) GONZALO PALACIOS	TITLE REGISTERED PROCESS SERVER
Check one box below to indicate appropriate method	<u></u>
Served personally upon the defendant. Place 13453- A BROOKS DR., BALDWIN P.	where served: ARK, CA 91706 BY SERVING PHIL LI- Ç.E.O.
Left copies thereof at the defendant's dwelling discretion then residing therein.	g house or usual place of abode with a person of suitable age and
Name of person with whom the summons and	complaint were left:
☐ Returned imexecuted:	
☐ Other (specify):	
STAT	TEMENT OF SERVICE FEES
RAVEL SERVICES	TOTAL \$49.00
DE	CLARATION OF SERVER
Executed on 6/22/2007	(9) (A)
. Date Sk	gnature of Server
	CC Solutions Process & Attorney Services 511 W. 3RD ST., STE. 209, LOS ANGELES, CA Utress of Server
• • • • • • • • • • • • • • • • • • •	

⁽¹⁾ As to who may serve a summons see Rule 4 of the Federal Rules of Civil Procedure.

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CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

State of California County of LoS AnguleS		
on 6/22/07, before me, D. Azmi Notay Public, Name and Title of Officer (e.g., "Jane Doe, Notary Public") personally appeared 600200 Palacios Name(s) of Signer(s)		
	personally known to me proved to me on the basis of satisfactory evidence	
D. AZMI Commission # 1532632 Notary Public - California & Grange County My Comm. Expires Dec 23, 2008	to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.	
Place Notary Seal Above	WITNESS my hand and official seal, Signature of Notary Public	
Though the information below is not required by law, it may prove valuable to persons relying on the document and could prevent fraudulent removal and reattachment of this form to another document.		
Description of Affached Document Title or Type of Document:		
Document Date:	Number of Pages	
Signer(s) Other Than Named Above:		
Capacity(ies) Claimed by Signer Signer's Name:	RIGHT THUMBPRINT	
☐ Individual. ☐ Corporate Officer — Title(s): ☐ Partner — ☐ Limited ☐ General ☐ Attorney in Fact ☐ Trustee ☐ Guardian or Conservator ☐ Other:	OF SIGNER Top of thumb here	
Signer Is Representing:		